

Cecile

Armstrong

Town

County

Died at

Farralburg

Allegheny

MARYLAND

Date 19

02

Oct

12

Age

Y.

M.

D.

10:26

Native of

U.S.

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Samuel Armstrong

Same Armstrong

Mother's

Maiden Name

Lizzie Linnis

Primary

Immediate

Pneumonia, Meningitis on neck

Meningitis

How long sick

Accident, Suicide, Homicide

D. H. Griffith

Farralburg

Md

G T M

all day Sunday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Cornelia L. Baumhauer* - - - - -
 Died at *Cumtob* ^{Town} *Accary* ^{County} *MARYLAND*
 Date of death 1902 *10* Month *24* Day Age *22* Years Months *6* Days *0*
 Sex *Female* Color or Race *White* Birth-place *Cumtob* -
 Married, Single or Widowed _____ Occupation _____
 Name of Wife or Husband *Cornelia L. Baumhauer* -
 Father's Name *John Goodeye* - Father's Birthplace *Cumtob*
 Mother's Maiden Name *Harriet Huff* - Mother's Birthplace *N.Y.*
 Name of person giving information *Michael Baumhauer* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* *27* How long *12 months*
 Immediate *Consumption* *3 months*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. G. Durrum M.D.*
 Address *8 South George St.*
 Accident or Suicide? _____



Name
in
Full

Elizabeth Blaul

CERTIFICATE OF DEATH

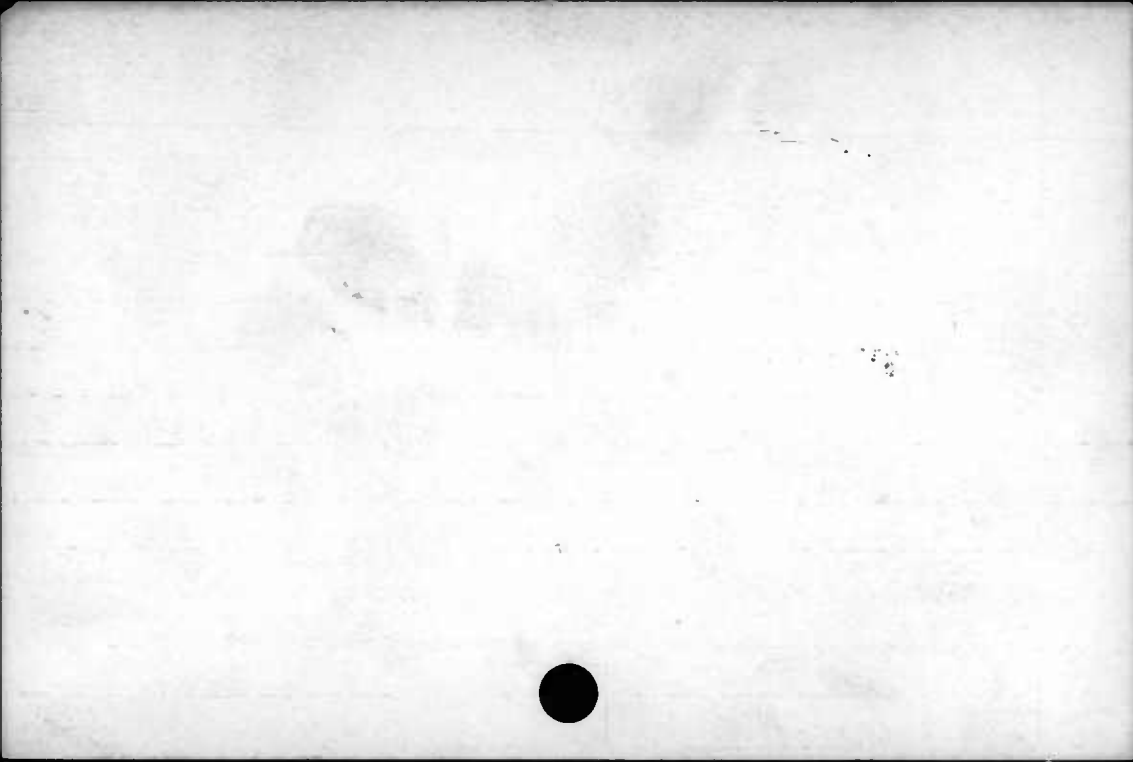
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Alligany		MARYLAND	
Date of death 1902		Month	Oct.	Day	20	Age	65-6
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife Husband		L. A. Blaul					
Father's Name		Father's Birthplace				Germany	
Mother's Maiden Name		Mother's Birthplace				1920	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	1 year
Immediate	Valvular heart trouble	How long	4 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. H. L. L. L. L.	
Address		X	
Accident or Suicide?			



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumberland</i>		County <i>Allegany</i>		
		Date of death 1902		Month <i>10</i>	Day <i>9</i>	Age <i>40</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place
		Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		
		Name of Wife or Husband				
		Father's Name				Father's Birthplace
Mother's Maiden Name		<i>166.</i>		Mother's Birthplace		
Name of person giving information				How related to deceased		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Accident</i>		How long <i>10 hours</i>		
		Immediate <i>Stroke</i>		How long <i>10 hours</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Bear</i>		
				Address <i>Cumberland</i>		
		Accident or Suicide? <i>X</i>				



Name
in
Full

Mary Bullet

CERTIFICATE OF DEATH

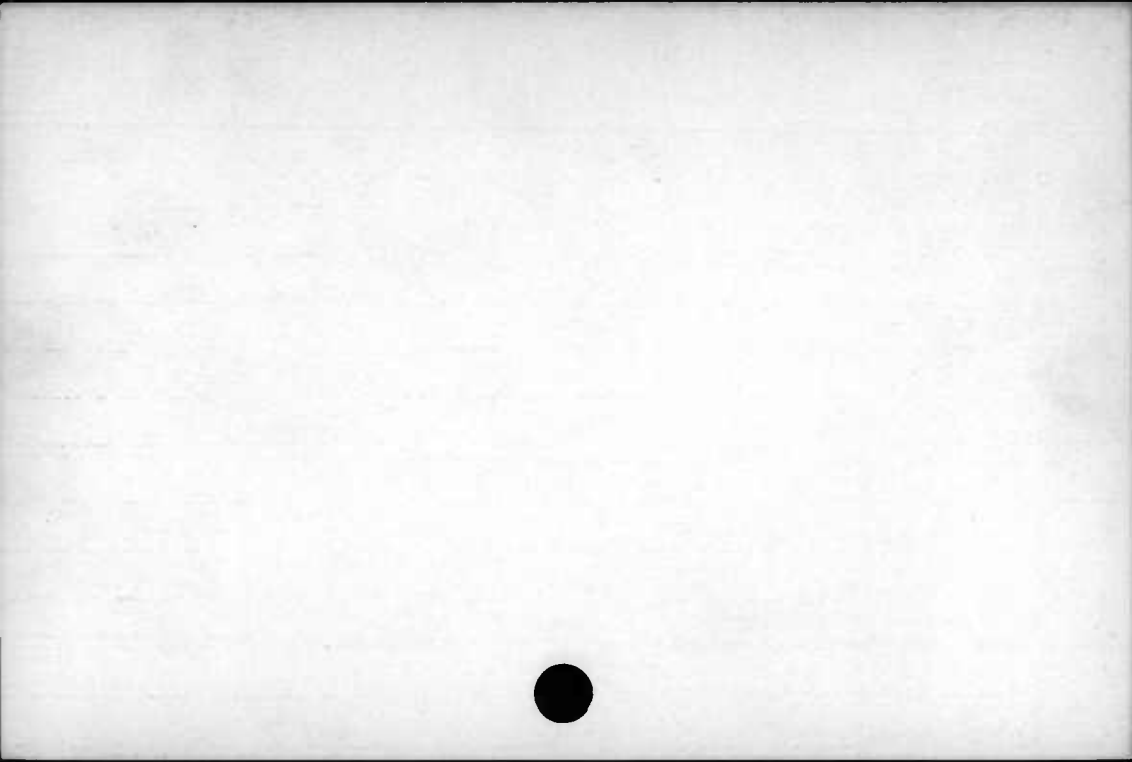
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>N</i>	Month <i>Oct.</i>	Day <i>27</i>	Age <i>Years</i>	Months <i>1</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cumtland</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Harry Bullet</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Ethel Pratt</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Grandmother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days.</i>
Immediate <i>Cyanosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. W. Evans MD</i>
	Address <i>Cumtland, ind</i>
Accident or Suicide?	



Name
in
Full

Clarence Burley

CERTIFICATE OF DEATH

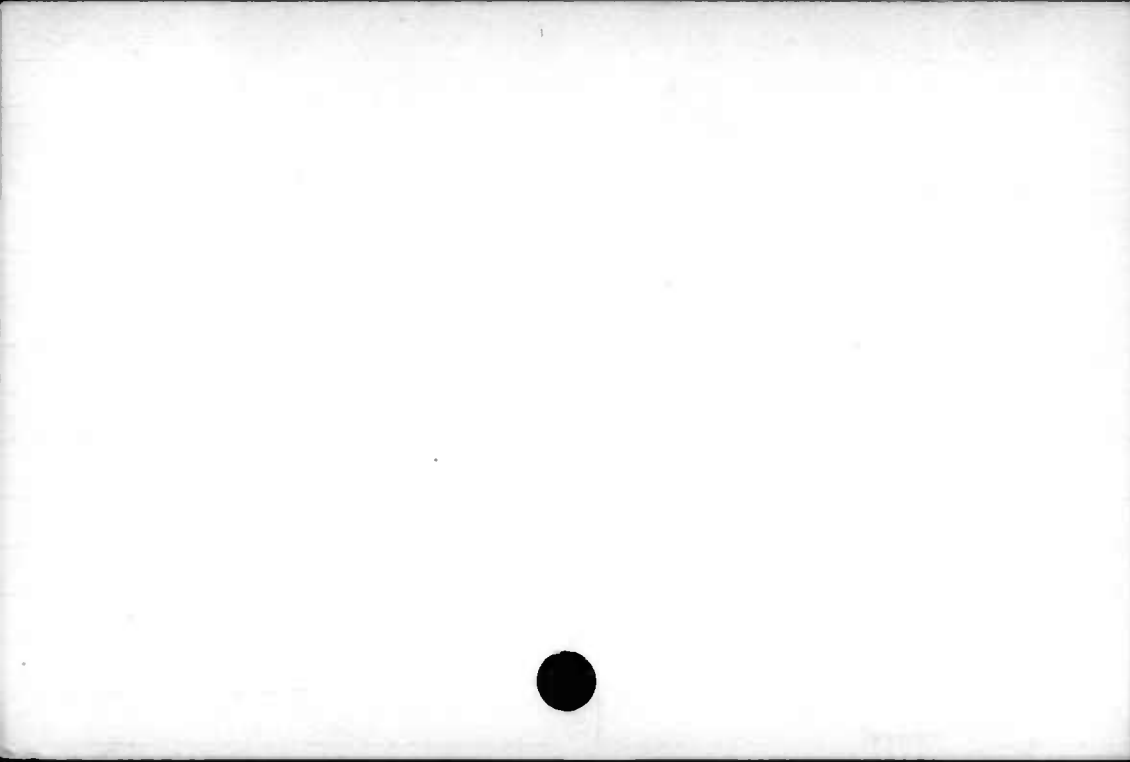
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>9</i>	Age <i>28</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place		
Married, Single or Widowed <i>Single</i>			Occupation <i>Car Repairer</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Nelson Burley</i>				Father's Birthplace	
Mother's Maiden Name <i>_____</i>				Mother's Birthplace <i>166.</i>	
Name of person giving In formation <i>Brother</i>				How related to deceased <i>brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rif accident</i>	How long <i>10 minutes</i>
Immediate <i>_____ Killed outright</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Spear</i>
	Address <i>Cumt'd, Md</i>
Accident <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Michael Cassidy</i>		Town <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>4</i>		Month <i>Oct</i>	Day <i>28</i>	Age <i>58</i>	Years	Months	Days
Sex <i>M</i>		Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>		<i>Aug</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband <i>Elizabeth Cassidy</i>							
Father's Name <i>James Cassidy</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ellen Dillan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Henry Cish</i>		120		How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma Nephritis</i>	How long <i>2 years</i>
Immediate <i>Cardiac failure</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Clabey</i>
	Address <i>Frostburg, Md</i>
Accident or Suicide? <i>No</i>	

gom
alleg

Name
in
Full

Mable Le attorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>23</u>	Age <u>3</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>C. B. Le attorn</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Brights Disease</u>	How long <u>3 weeks</u>
Immediate <u>Infection</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. F. Targa</u>
	Address <u>Cumberland, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonsseoming</u> Town		<u>Alligany</u> County		MARYLAND	
Date of death 190	<u>2</u> Month	<u>Oct</u> Day	<u>23</u> Age	<u>31</u> Years	<u>—</u> Months
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lonsseoming</u>	
Married Single or Widowed			Occupation <u>Miner</u>		
Name of Wife or Husband					
Father's Name <u>Archibald Cameron</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Jane M. Shick</u>			Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>Archibald Cameron</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary tuberculosis</u>	How long	<u>Nine years</u>
Immediate	<u>Abscess of lung</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. B. Skilling</u>	
		Address <u>Lonsseoming</u>	
Accident or Suicide? <u>—</u>			



Name in Full

Certificate of Death

Francis Davis
 Died at ^{Town} Cumberland ^{County} Allegany MARYLAND
 Date 1902 10 1 Age 38-2-10 Native of C Occupation Domestic
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of Geo Davis
 Wife of David Smith Mother's Name Martha Smith
 Cause of Death { Primary Tuberculosis How long sick 1 year
 Immediate Heart Failure 27 Accident, Suicide, Homicide
 Reported by J. H. Thompson
 Address 634 N. E. Avenue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908



Name in Full		Town				County				STATE			
James F. Donaldson		Donaconing				Allegany				MARYLAND			
Died at		Date of death 1902		Month Oct		Day 21		Age Years		Months 4		Days 16	
Sex Male		Color or Race White		Birth-place Donaconing Md		Married, Single or Widowed Single		Occupation					
Name of Wife or Husband		James F. Donaldson											
Father's Name		James F. Donaldson						Father's Birthplace		Scotland			
Mother's Maiden Name		Eda M. Shockey						Mother's Birthplace		Maryland			
Name of person giving information		Eda M. Donaldson						How related to deceased		Mother			
CAUSES OF DEATH													
Primary		Marasmus						How long		2 mos			
Immediate		Enteric - Colitis 105						How long		2 weeks			
Are the name, age, sex, color, date and place correctly given above?		yes						Signature of Physician		M. J. Fortin			
								Address		Donaconing Md			
Accident or Suicide?		no											

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at

Joseph Echols

Town

County

MARYLAND

Date 19

02

Oct-23rd

Age

20

Y.

M.

D.

Native of

Allegany

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

R. R. Accident

How long sick

few hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Trigg

166

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND		
Date of death 190		2	Month <i>Oct.</i>	Day <i>13</i>	Age	Years <i>105</i>	Months <i>3</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumberland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>								
Father's Name <i>Fred. Proenning</i>		Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Kettie Striifer</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving In formation <i>E. S. Marlburch</i>		How related to deceased <i>not any</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>2 wks.</i>
Immediate <i>convulsion</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. S. Staushury</i>
		Address <i>Cumberland, Md.</i>
Accident or Suicide? <i>no</i>		



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

~~Divorced~~

Female

ColoredSingleWidower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20893

G + M.

alleg h

Name
in
Full

George Gardner

CERTIFICATE OF DEATH

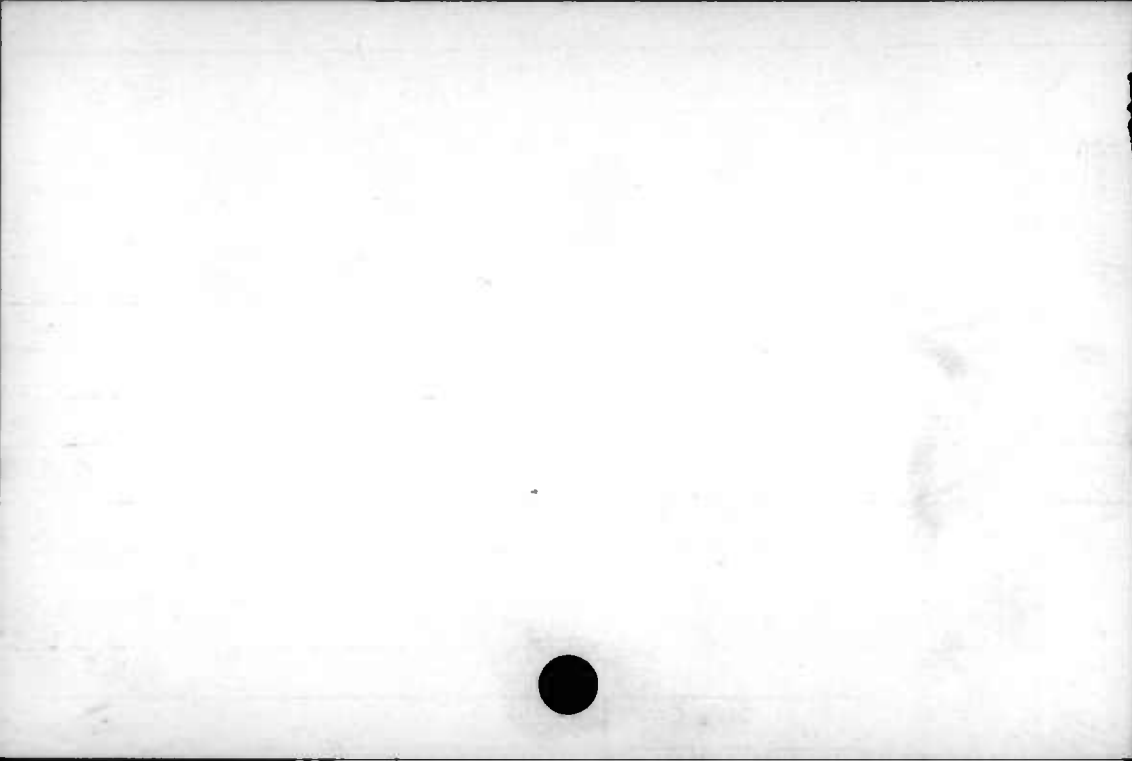
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donacoaning</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1902	<i>Oct</i> ^{Month}	<i>6</i> ^{Day}	<i>68</i> ^{Years}	<i>3</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Merchant</i>				
Name of Wife or Husband <i>Annie Broadwaters</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Mrs. Geo. Gardner</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>14 hours</i>
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Fort</i>	Address <i>Donacoaning Rd</i>
Accident or Suicide? <i>No</i>		<i>X</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Lonaconing</i> ^{Town} <i>Allegany</i> ^{County}		Date of death 190 <i>2</i> ^{Month} <i>Oct</i> ^{Day} <i>25</i> ^{Years} <i>1</i> ^{Months} <i>14</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Lonaconing</i>	
Married, Single or Widowed		Occupation <i>—</i>	
Name of Wife or Husband <i>Robert Gunning</i>			
Father's Name <i>Robert Gunning</i>		Father's Birthplace <i>Scotland</i>	
Mother's Maiden Name <i>Mary Hall</i>		Mother's Birthplace <i>Lonaconing</i>	
Name of person giving information <i>Dr. Robert Gunning Jr</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>24 hours</i>
Immediate <i>Meningitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Skilling</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Died at

Date 1902

~~Male~~

Female

~~Husband~~
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full *Mrs Sarah Gunter*
 Died at *Frostburg* ^{Town} *Alleghany* ^{County} *MARYLAND*
 Date 1902 *10* *11* ^{Month} ^{Day} Age *61-0-0* ^{Y.} ^{M.} ^{D.} *Germany* ^{Native of} *HM* ^{Occupation}
~~Male~~ *White* ^{Married} ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

108

Cause of *Intestinal Obstruction*
 How long sick *3 days.*
 Death *Immediate*
 Accident, Suicide, Homicide

Reported by *Dr. W. M. Lane*

Address

Ly & M - Aug. Gen.

Name in Full

Certificate of Death

Died at Allegany ^{Town} Allegany ^{County} Hamilton
 Date 1902 ^{Month} 10 ^{Day} 20 | Age 44 | Y. M. D. | Native of Maryland | Occupation _____
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living _____

Husband of _____

Wife of _____

Father's Name Wm. Hamilton | Mother's Name Sarah Stevens
 Maiden Name _____

Cause of Death { Primary Inability to digest and 3 days | How long sick _____
 { assault by suffocation | Accident, Suicide, Homicide _____

Reported by CobleyAddress Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

G.M.

always comes -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

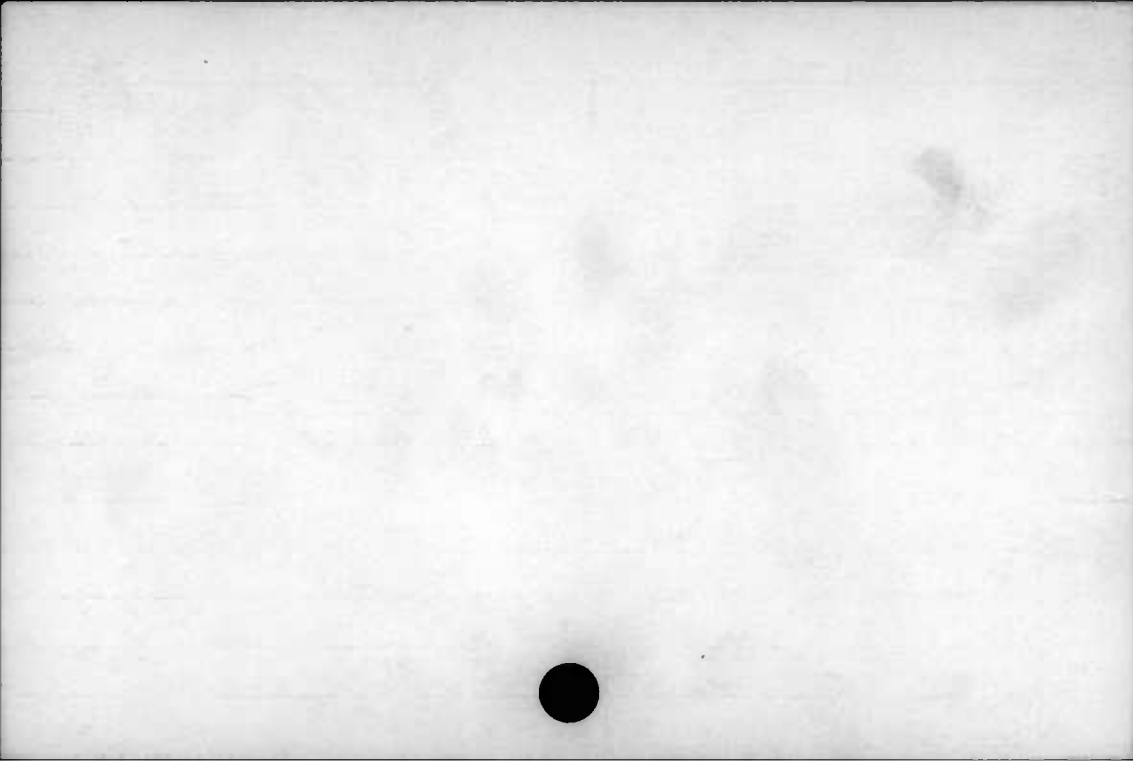
James M. Hitchcock

Died at <i>Cumberland</i>		Town		<i>Alleghany</i>		County		MARYLAND	
Date of death 1902	Month <i>October</i>	Day <i>13th</i>	Age	Years <i>63</i>	Months <i>8</i>	Days <i>14</i>			
Sex <i>male</i>		Color or Race <i>American</i>		Birth-place <i>Ind.</i>					
Married, Single or Widowed		Occupation <i>Carriage</i>							
Name of Wife or Husband		<i>Louisa Virginia Gray</i>							
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information <i>Louis Stearns</i>				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Wiley</i>
	Address <i>Cum gratia</i>
Accident or Suicide?	



Name
in
Full

Annie Marguerit Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtubane</i>		Town <i>Calagay</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>76</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>widow</i>		Occupation <i>Retired</i>					
Name of Wife or Husband <i>John Hoffmann</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Baughman</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>about two years</i>
Immediate <i>drop</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Jones</i>
<i>yes</i>	Address <i>Cumtubane</i>
Accident or Suicide? <i>—</i>	<i>may</i>



Name in Full		Roy Edgar Kaufman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 1902		Month	Day	Age	Years
		Sex		Color or Race	Birth-place		
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Address	
		Accident or Suicide?					

Keyville Md
Keyville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Kane* Town *Cumby* County *Alleghany* MARYLAND

Died at *Cumby*

Date of death 190 *2* Month *10* Day *29* Age *13* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cumby*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *Larry Kane* Father's Birthplace _____

Mother's Maiden Name *Martha Poole* Mother's Birthplace *Pa*

Name of person giving information *Margaret Poole* How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

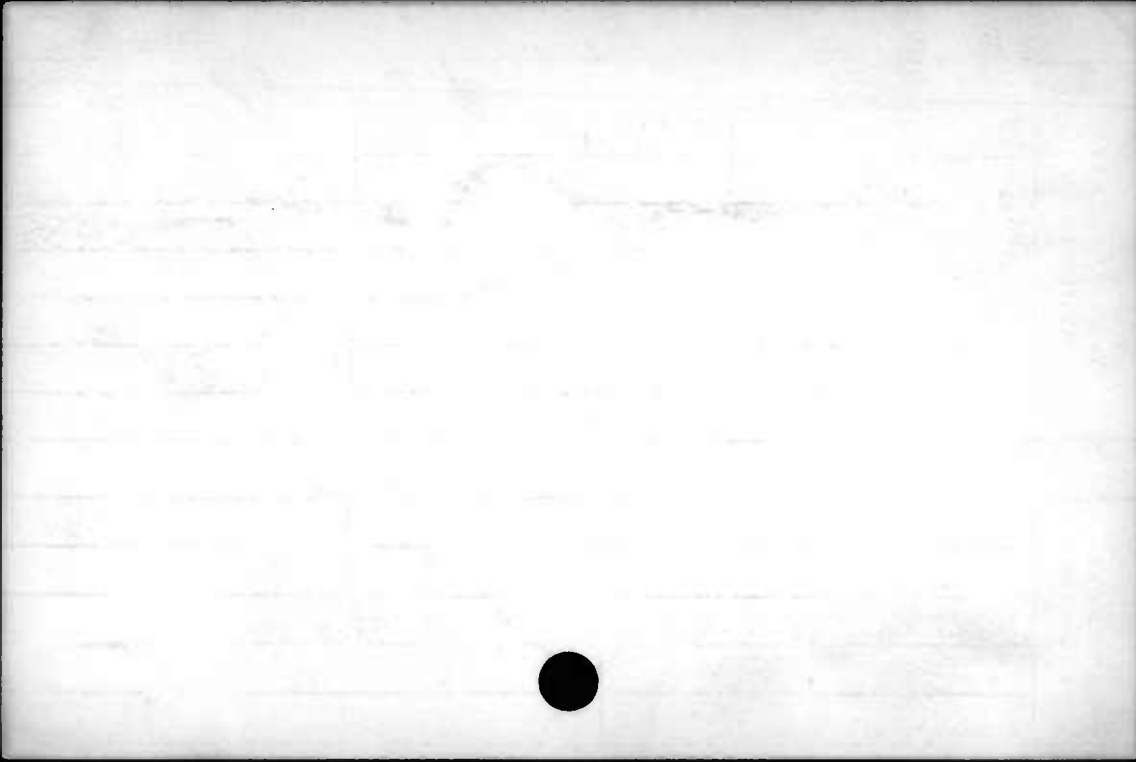
Primary *Marasmus* 105 How long *3 weeks*

Immediate *Malnutrition* - How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. H. Grace*

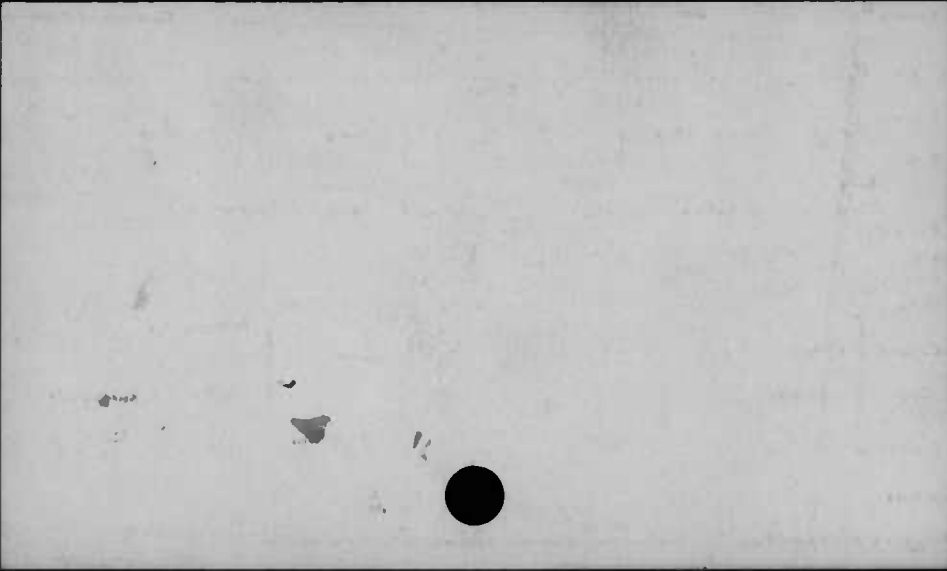
Address *Cumby, W. Va.*

Accident or Suicide? *X* *Ind*



Died at		Town		County		MARYLAND	
Date 19		Month	Day	Y.	M.	D.	Native of
02		10	12			1	Cumh
Male		White		Married		Widow	
Female		Colored		Single		Divorced	
Husband of				Widower		Number of children living	
Wife							
Father's Name		Wm Kelly		Mother's Maiden Name		Jennie McMahon	
Cause of		Primary		Born dead		How long sick	
Death		Immediate				Accident, Suicide, Homicide	
Reported by		E. B. Blackburn					
Address							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George A. Koboskey

CERTIFICATE OF DEATH

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

10

31

Age

8

—

Sex

Male

Color of
Race

White

Birth-
place

Cumberland

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Loris Koboskey

Father's
Name

Samuel Koboskey

Father's
Birthplace

Germany

Mother's
Maiden Name

Bessie Korn

Mother's
Birthplace

Cumberland

Name of person giving
In formation

Loris Koboskey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

5 months

Immediate

Exhaustion

How long

"

Are the name, age, sex, color, date
and place correctly given above?

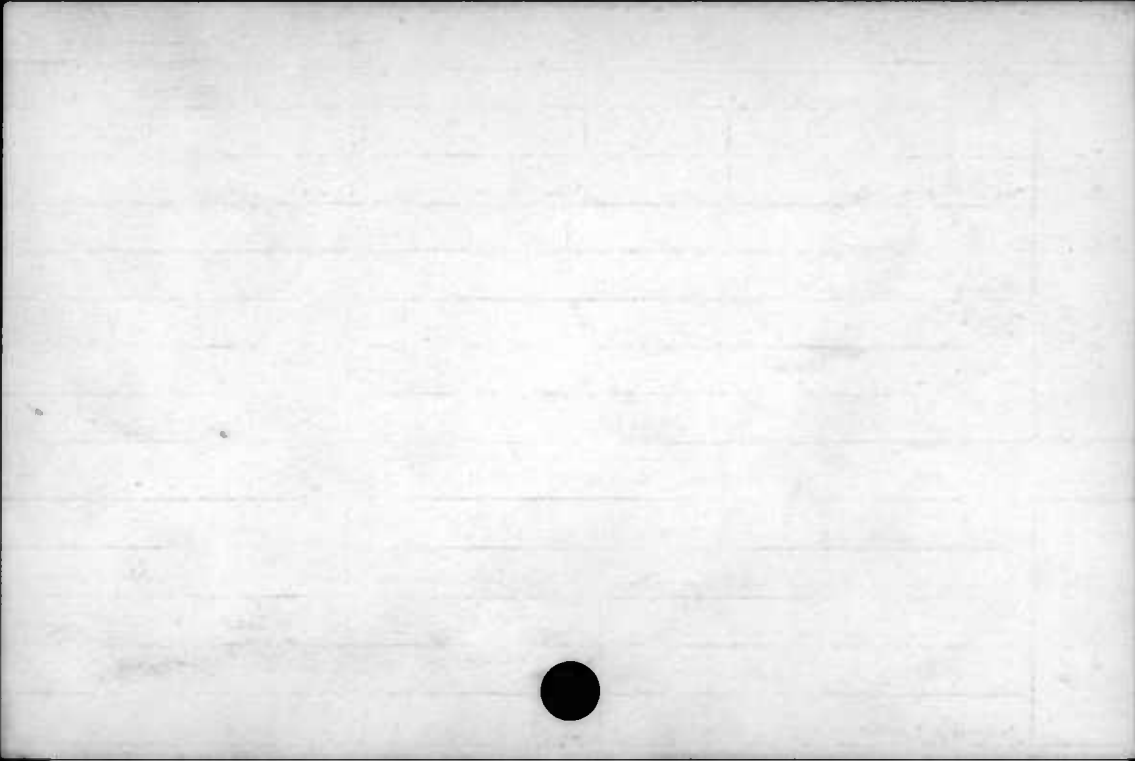
yes

Signature of
Physician

J. M. Fortman

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

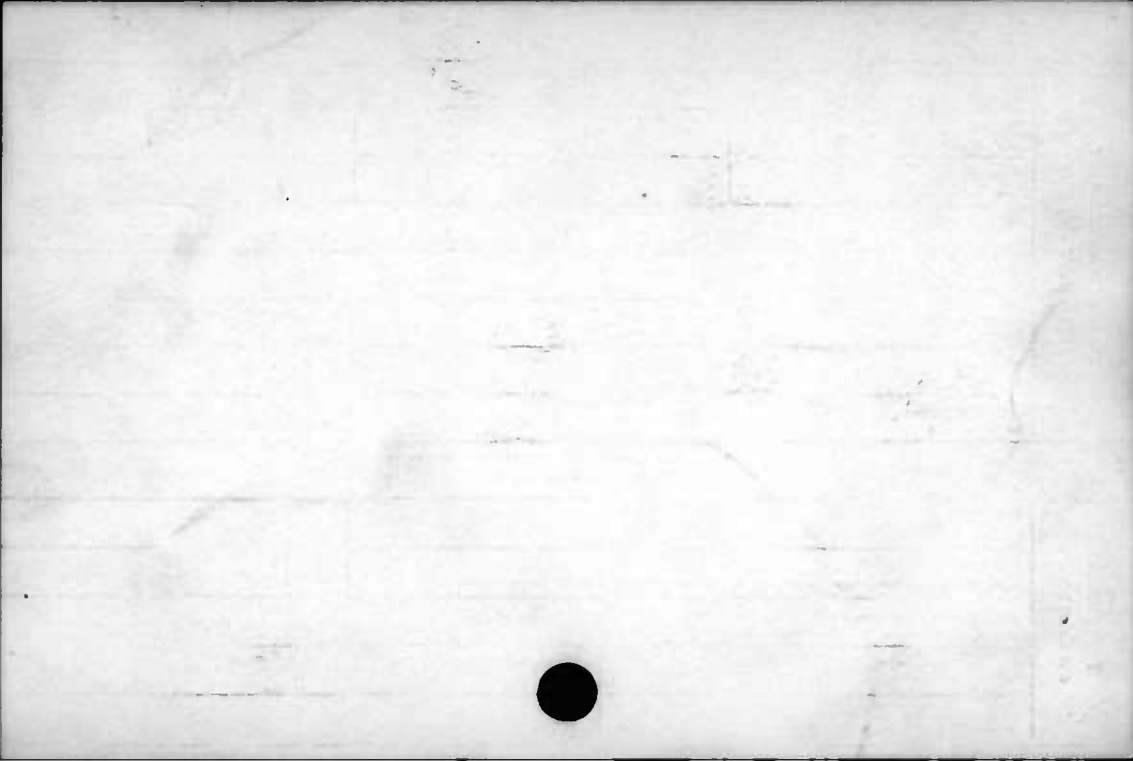
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegany</i>		MAYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>19</i>	Age <i>54</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Insurance Agt.</i>			
Name of Wife or Husband _____					
Father's Name <i>Rezin Lewis</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Eliza</i>			Mother's Birthplace <i>66</i>		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. B. McDaniel</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide? _____	



Town Elizabeth County McFarland

Died at Cumberland MARYLAND

Date 19 02 Oct. 6 | Y. | M. | D. | 3 | Native of ; Md. | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name Wm. H. McFarland Mother's Maiden Name Josephine C. Miller

Cause of Death { Primary Unknown How long sick 1 da.
 Immediate Convulsions Accident, Suicide, Homicide

Reported by G. L. Broadrup M. D. 100 Va. Ave.
 Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Auggie Hunter McFarlane

CERTIFICATE OF DEATH

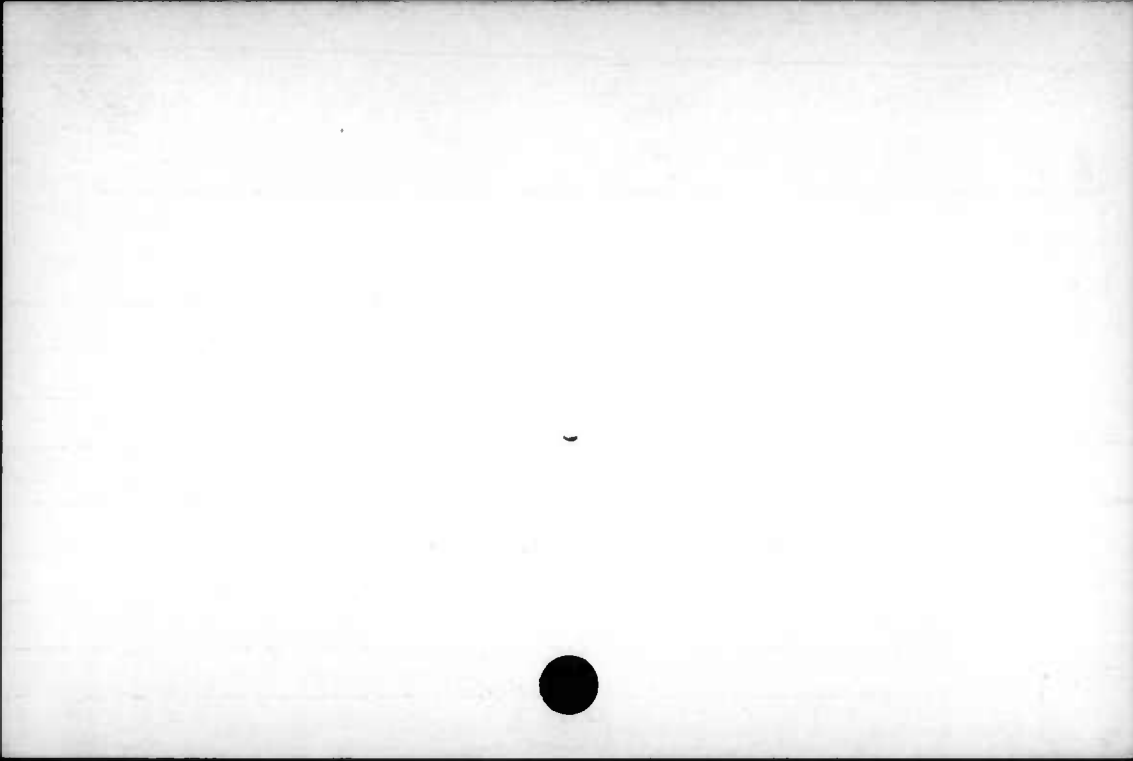
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death 190		2	Oct	18	Age	23	Months	Days	
Sex		Female		Color or Race		White		Birth-place	Lanacoming
Married, Single or Widowed				Occupation					Telephone girl
Name of Wife or Husband									
Father's Name				Lynno McFarlane				Father's Birthplace	Scotland
Mother's Maiden Name				Auggie Kitchen				Mother's Birthplace	Scotland
Name of person giving information				Lynno McFarlane				How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Pulmonary abscess	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Killing	
Address		Lanacoming	
Accident or Suicide?			



Name
in
Full

Infant of Alex - Maloney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

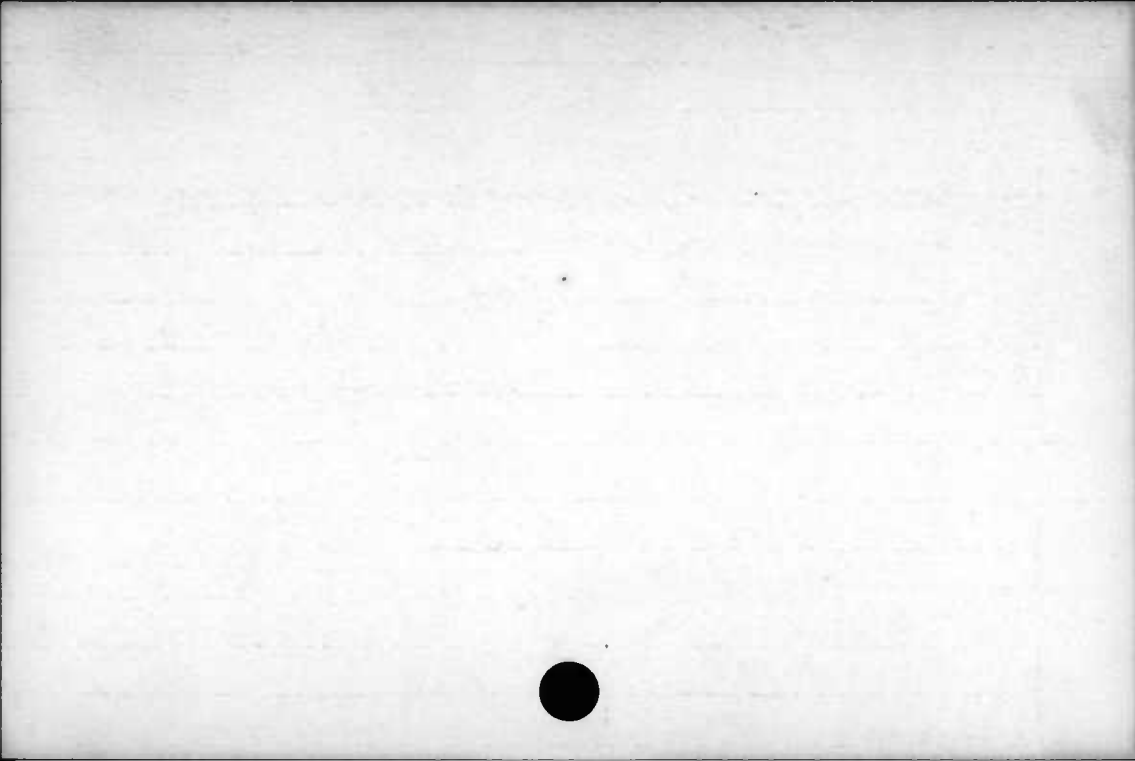
MARYLAND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>14</u>	Age <u>—</u> Years
Sex <u>male</u>	Color or Race <u>white</u>	Months <u>—</u>	Days <u>1</u>
Married, Single or Widowed <u>Single</u>	Occupation <u>Infant</u>	Birth-place <u>Cumberland Md</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>Alex M. - Maloney</u>		Father's Birthplace <u>Dorney Wm</u>	
Mother's Maiden Name <u>Tosa Ruth Bean</u>		Mother's Birthplace <u>Maryland Wm</u>	
Name of person giving Information <u>Alex Maloney</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Immature Delivery</u> ^{7 months}	How long <u>1 Day</u>
Immediate <u>Same</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Dupe</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>—</u>	



Miss Mary Monroe

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 19⁰⁷

Oct

Month

Day

21

Age

84

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

154

How long sick

Death

Immediate

Habitual

Accident, Suicide, Homicide

Reported by

B.C. Miller

Address

Cumberland



Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Deca Nave -

Town Cumberland County Maryland

Died at

Date of death 1902 10 5 Age 51 5 Months 5 Days

Sex Female Color or Race White Birth-place Ramoth, Pa

Married, Single or Widowed

Occupation

Name of Wife or Husband Deca Nave

Father's Name William W. Lacey Father's Birthplace

Mother's Maiden Name Elizabeth " " Mother's Birthplace

Name of person giving information C. Nave How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of face How long 14 mrs

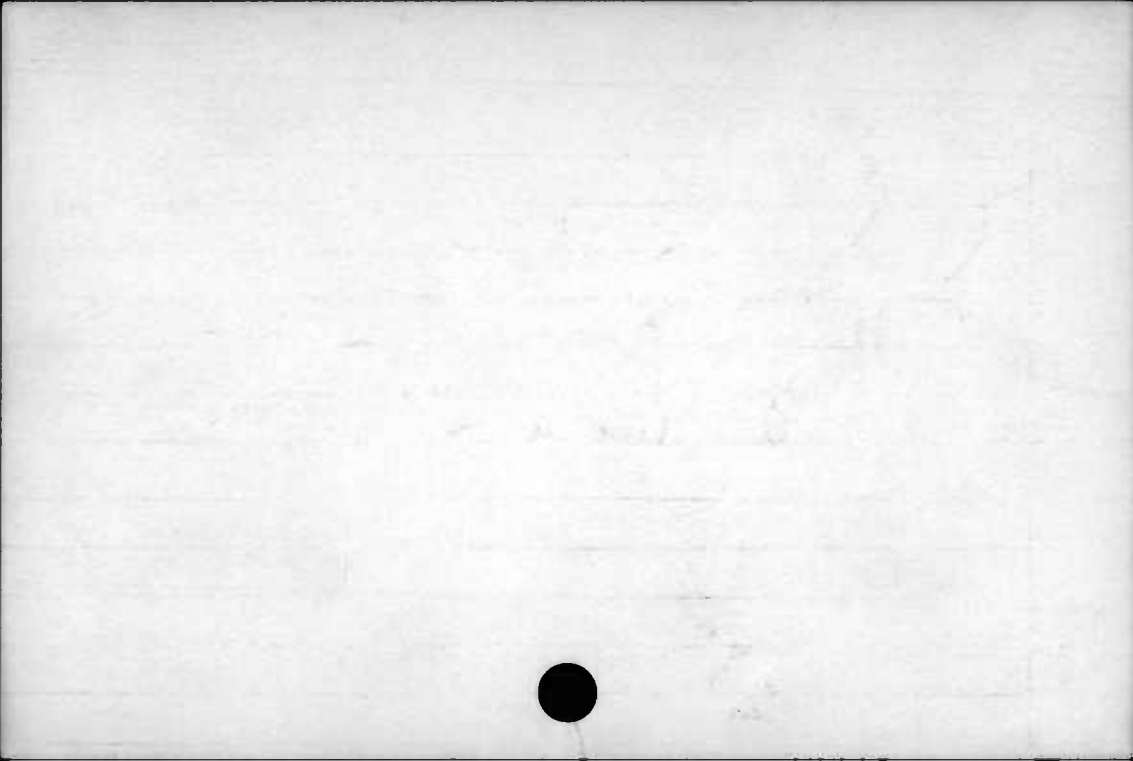
Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. B. Brackin

Address Cumberland Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>5</u>	Age <u>1</u>	Months <u>15</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Cumberland</u>		
Married, Single or Widowed			Occupation <u>none</u>		
Name of Wife or Husband					
Father's Name <u>Thos. Newman</u>			Father's Birthplace <u>Morefield, Pa.</u>		
Mother's Maiden Name <u>Rosa Finblake</u>			Mother's Birthplace <u>Roanoke, Va.</u>		
Name of person giving information <u>Thos. Newman</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Colic</u>	<u>179</u>	How long <u>1 day</u>
Immediate <u>Cardiac Phosm</u>		How long <u>1 "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Thompson</u>	
	Address <u>[Redacted]</u>	
Accident or Suicide? <u>X</u>		



Name
in
Full

Wavay Oliver

CERTIFICATE OF DEATH

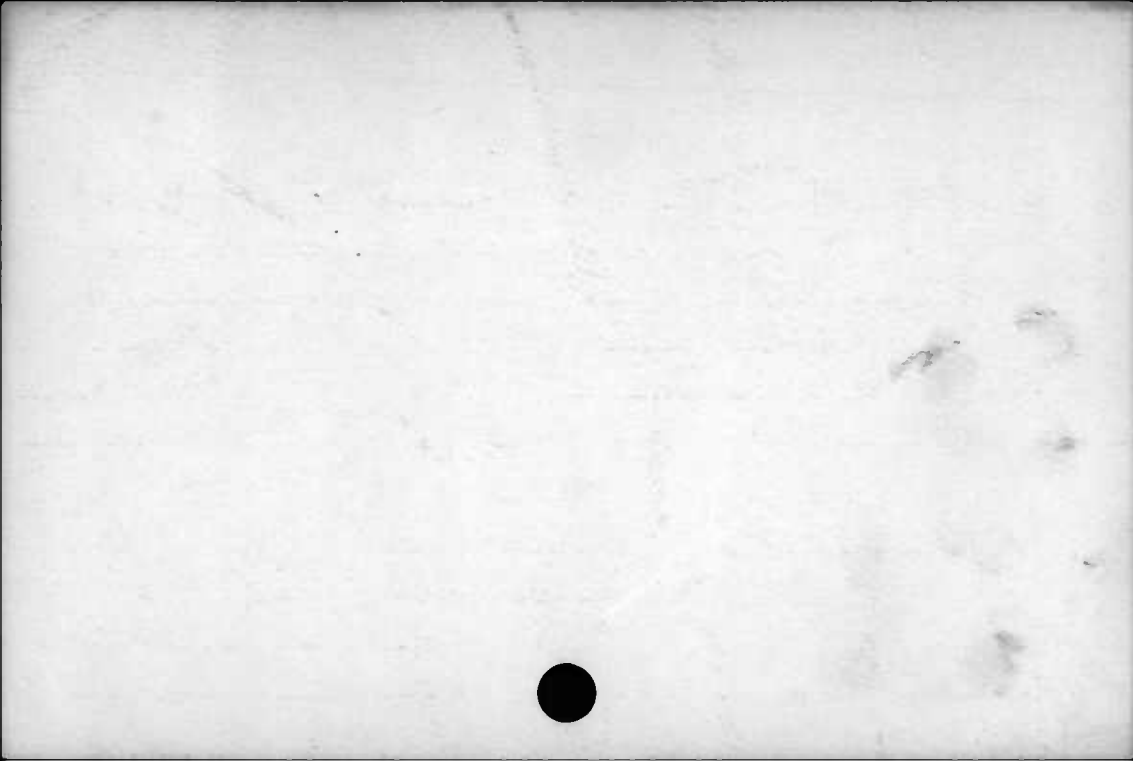
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
Date of death 1902	Month Oct.	Day 30	Age 19	Years 19	Months —
Sex Female	Color or Race White		Birth-place Baltimore		
Married, Single or Widowed S.			Occupation Domestic		
Name of Wife or Husband —					
Father's Name Rufus Oliver			Father's Birthplace Va.		
Mother's Maiden Name Mary E Miller			Mother's Birthplace Ballo.		
Name of person giving information Mary E Oliver			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	2 weeks.
Immediate	Pneumonia		How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur H. Hawkins.	
		Address	Cumberland	
Accident or Suicide? —				



Name
in
Full

Elizabeth Pickan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Donacoming</i>		^{County} <i>Allegany</i>		MARYLAND	
Date of death 190 <i>2</i>	^{Month} <i>Oct</i>	^{Day} <i>25</i>	^{Years} <i>71</i>	^{Months} <i>11</i>	^{Days} <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Cause <i>Canc.</i>	Birth-place <i>Scotland</i>	
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband <i>Late John Pickan (deceased)</i>					
Father's Name <i>James Bell</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Marion McTear</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs. Mary Dixon</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>34 years</i>
Immediate <i>Exhaustion Pneumonia</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Porter</i>
	Address <i>Donacoming Maryland</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

MARYLAND

of

Mother's

Maiden Name

How long sick

Primery

Immediate

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79898

G. M.

Eckhart. -

Name
in
Full

CERTIFICATE OF DEATH

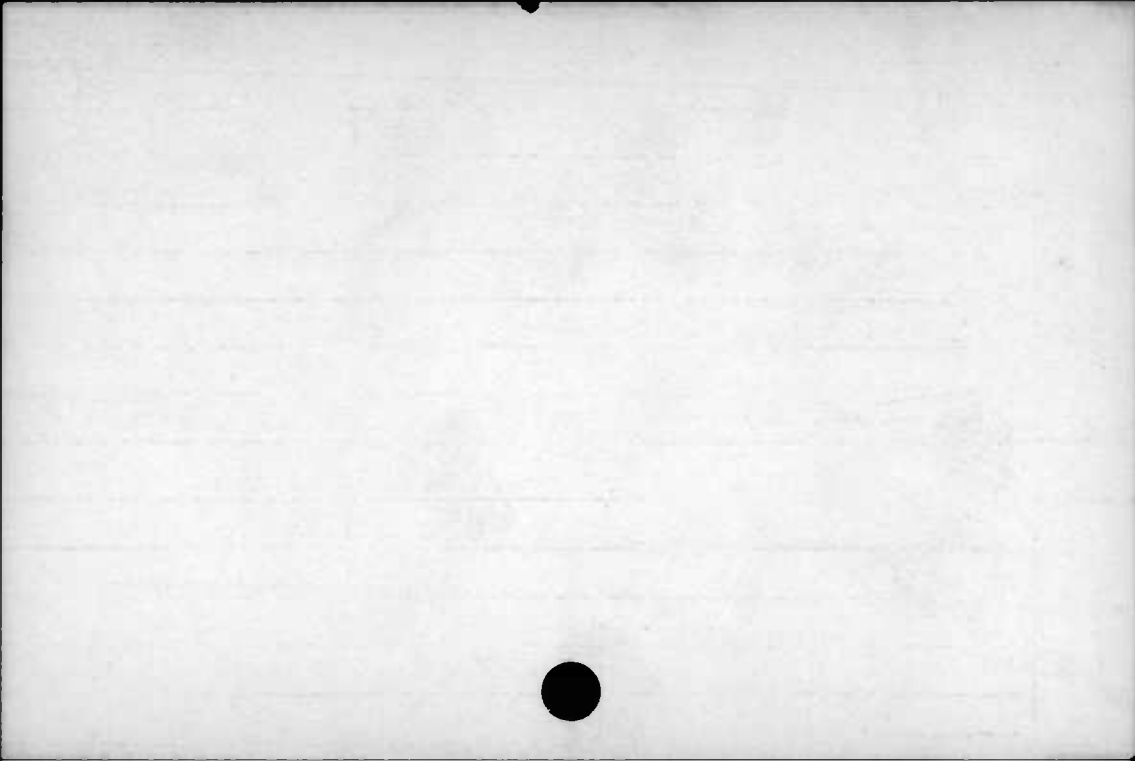
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town <i>Pryor</i> County <i>Alleghany</i>		MARYLAND			
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>6</i>	Age <i>105</i> Years	Months <i>18</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wifa or Husband <i>—</i>					
Father's Name <i>Michael Pryor</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Undertaker</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera morbus</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear</i>
	Address <i>Cumberland, Md.</i>
Product of Conception	<i>X</i>



Name in Full

Certificate of Death

Male child Joseph Redmond

Died at ^{Town} *Frostburg* ^{County} *Allegheny* MARYLAND

Date 19 *02* ^{Month} *Oct.* ^{Day} *25* | ^{Age} *9 hours* | ^{Native of} *U. S.* | ^{Occupation} *—*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Joseph Redmond*

151
Maiden Name

Mother's *Annie Rawlings*

Cause of Death { Primary *Premature Birth* | How long sick *9 hours*
Immediate " " | ~~Accident, Suicide, Homicide~~

Reported by

Address

Thomas F. Mason, M.D.
Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802



Name
in
Full

Anthony Schinner

CERTIFICATE OF DEATH

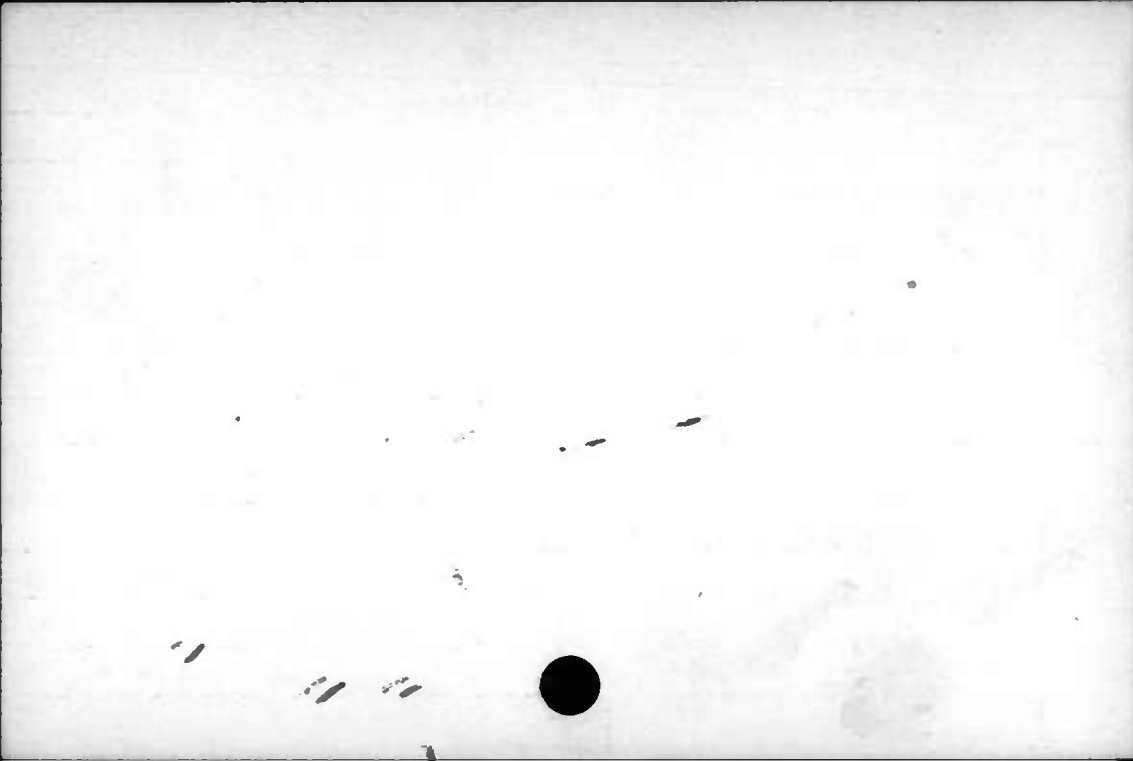
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}			<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>3</u>	Age <u>62</u>	Years	Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Merchant</u>			
Name of Wife or Husband <u>Maria Schinner</u>						
Father's Name <u>Joseph Schinner</u>				Father's Birthplace <u>Germany</u>		
Mother's Maiden Name				Mother's Birthplace <u>Germany</u>		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Toxaemia</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. N. Fichtman</u>
	Address
Accident or Suicide?	



Name
in
Full

Viola A. Thompson

CERTIFICATE OF DEATH

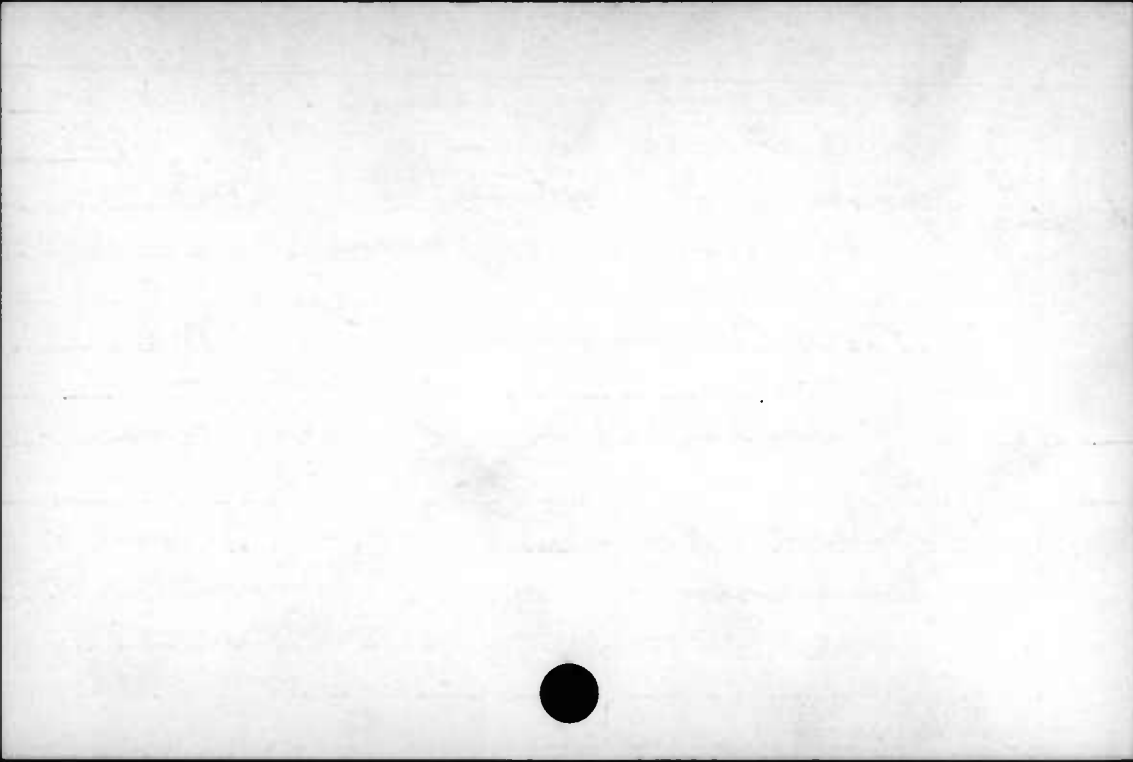
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> ^{Town}		<u>Allegh</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>MD</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>none</u>				
Name of Wife or Husband <u>none</u>					
Father's Name <u>Wm Thompson</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Bessie Hordie</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Undertaker</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteric - colitis</u>	How long <u>2 weeks</u>
Immediate <u>Spasms</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>@ H Brace</u>
	Address <u>Cumtland MD</u>
Accident or Suicide?	



Name
in
Full

William Trezise Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sonacoming</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Oct</u> ^{Month}	<u>4</u> ^{Day}	Age <u>58</u> ^{Years}	<u>10</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>male</u>		Color or Race <u>White</u>	Birth-place <u>England</u>		
Married, Single or Widowed <u>married</u>		Occupation <u>Miner - Coal</u>			
Name of Wife or <u>Martha Eden</u>					
Father's Name <u>James Trezise</u>			Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Jessie Pascoe</u>			Mother's Birthplace <u>England</u>		
Name of person giving information <u>Mrs. Joseph Whitford</u>			How related to deceased <u>Sister-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Crushing of spinal cord</u>	How long <u>less than</u>
Immediate <u>vertebra from 12th dorsal to 5th lumbar one hour</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. G. Porter</u>
	Address <u>Sonacoming Md.</u>
Accident or Suicide? <u>Accident</u>	<u>(mine accident)</u>



Name
in
Full

John D. Trichter

CERTIFICATE OF DEATH

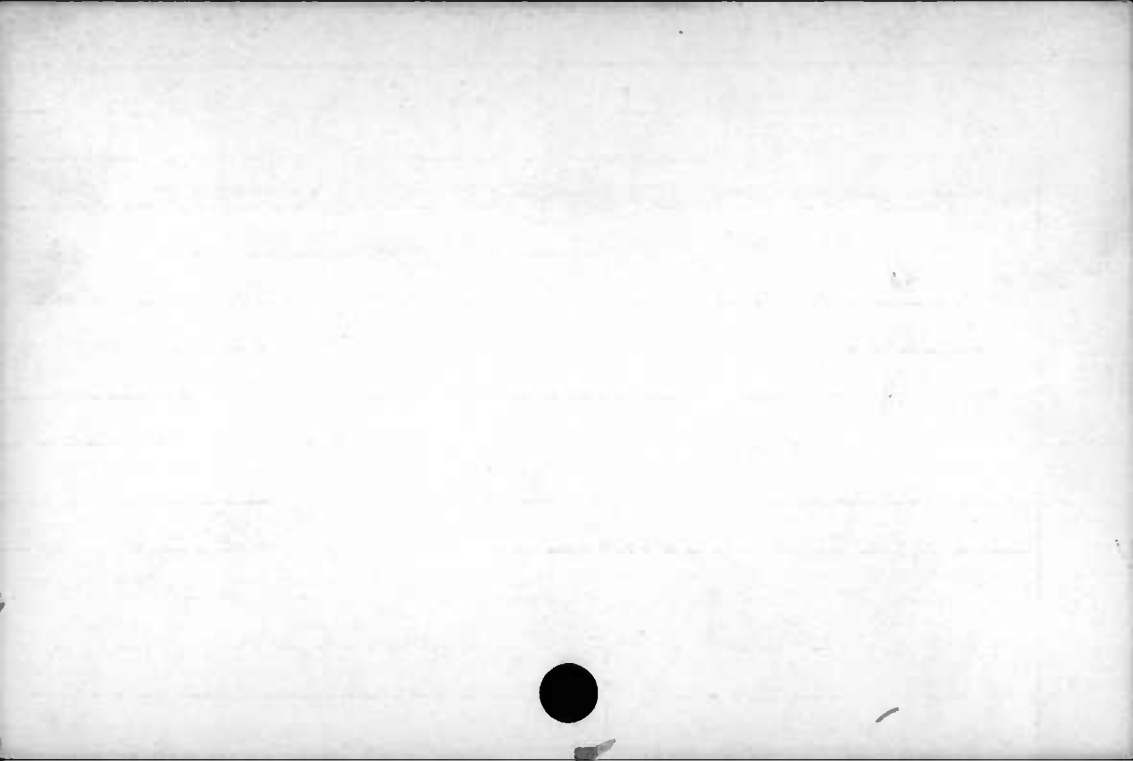
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg		MARYLAND		
Date of death 190		2	Month Oct	Day 12	Age —	Years —	Months 3	Days —
Sex		male		Color or Race white		Birth-place MD		
Married, Single or Widowed		Single		Occupation		none		
Name of Wife or Husband		none						
Father's Name		Jno Trichter				Father's Birthplace MD		
Mother's Maiden Name		—				Mother's Birthplace —		
Name of person giving information		Undertaker				How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Entero-colitis	How long	2 weeks
Immediate	Spasm	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. H. Brace	
Address		Cumberland, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at Firthburg Town Allegheny County MARYLAND
 Date 19 23 Month 10 Day 23 Y. — M. — D. — Native of Ind Occupation —
 Age 46
~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living —

Husband
of
Wife

Father's Name James Waites Mother's Maiden Name Mary Waites

Cause of Death { Primary Brunchitis How long sick 90
 { Immediate Never well
 { Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Mr. Annie Yeager				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cumberland	County Alleghany	MARYLAND		
		Date of death 1902		Month Oct	Day 1	Years 64	Months 8	Days -
		Sex Female		Color or Race White		Birth- place Germany		
		Married, Single or Widowed Widow		Occupation Housewife				
		Name of or Husband Friedric Yeager						
		Father's Name Don't Know		Father's Birthplace Germany				
		Mother's Maiden Name "		Mother's Birthplace "				
		Name of person giving information A. C. C. Chandler				How related to deceased Sister in law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cancer of Stomach				How long		
		Immediate				10 months		
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician A. H. Hawkins M.D.		
		Address Cumberland				Med. X		
		Accident or Suicide? No						

